

Police Use Only			Commonwealth of Massachusetts				RMV Document Number				
Date of Crash 11/20/2019	Time of Crash 13:16 24HR	City/Town NEWTON	<b>Motor Vehicle Crash Police Report</b>				Number Vehicles 2	Number Injured 0	Speed Limit <u>30</u> Latitude _____ Longitude _____	State Police <input type="checkbox"/> Local Police <input checked="" type="checkbox"/> MBTA Police <input type="checkbox"/> Other: <input type="checkbox"/>	
AT INTERSECTION:			< LOCATION >				NOT AT INTERSECTION:				
<div><div>SOUTH</div><div>HOVEY ST</div><div>Route# Direction Name of Roadway/Street</div><div>At</div><div>WEST</div><div>WASHINGTON ST</div><div>Route# Direction Name of Intersecting Roadway/Street</div><div>Also at Intersection with</div><div>Route# Direction Name of Intersecting Roadway/Street</div></div>			<div><div>Route# Direction Address # Name of Roadway/Street</div><div>Feet N S E W of or Mile Marker Exit Number</div><div>Feet N S E W of</div><div>Route# Intersecting Roadway/Street</div><div>Feet N S E W of</div><div>Landmark</div></div>								
<input checked="" type="checkbox"/> Vehicle 1 1 #Occupants			<input type="checkbox"/> Hit/Run			<input type="checkbox"/> Moped			Case Number 1900001186		
License # --- St MA DOB/Age ---			Reg # 8BE969 Reg Type PAS Reg State MA			Veh Year 2017 Veh Make TOYOTA Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator CUI WENHE Last First Middle			Owner LI XIANGHUA Last First Middle					
Address 276 MILL ROAD			City CHELMSFORD State MA Zip 01824			Address 36 (apt. 151) RIVER STREET			City WALTHAM State MA Zip 02453		
Insurance Company ALLSTATE			Vehicle Action Prior to Crash 1 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N S E X Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 1 24 24		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed Y		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator			See Above			-----			-----		
Please Select One of the Following:			<input checked="" type="checkbox"/> Vehicle 2 1 #Occupants			<input type="checkbox"/> Non-Motorist A Type 14 Action 15 Location 16 Condition 17			<input type="checkbox"/> Hit/Run <input type="checkbox"/> Moped		
License # --- St MA DOB/Age ---			Reg # LV84536 Reg Type PAS Reg State MA			Veh Year 2008 Veh Make DODGE Veh Config. 1 20					
Sex M Lic. Class D 18 18 Lic. Restrictions 1 19 CDL Endorsment			Operator PEREZ MISAEEL Last First Middle			Owner MAXIMUM TRANSP Last First Middle					
Address 50 AMES STREET (apt. J)			City DORCHESTER State MA Zip 02124			Address 552 (apt. 4) MAIN STREET			City WALTHAM State MA Zip 02453		
Insurance Company ARBELLA			Vehicle Action Prior to Crash 4 21			Damaged Area Code: (Circle Up to Three)					
Vehicle Travel Direction: N X E W Responding to Emergency? N			Event Sequence 1 22 22 22 22			Most Harmful Event 1 23			Driver Contributing Code 19 24 18 24		
Citation # (If Issued)			Violation 1: Ch Sec Violation 2: Ch Sec			Violation 3: Ch Sec Violation 4: Ch Sec			Underride/Override 25 Towed N		
Please fill out for operator and all occupants involved			Name (Last First Middle) Address Age/DOB Sex 26 Seat Pos. 27 Safety System 28 Airbag Status 29 Airbag Switch 30 Eject Code 31 Trap Code 32 Injury Status 33 Transp. Code Medical Facility								
Operator/Non-Motorist			See Above			-----			-----		

→ Direction    1 = Vehicle 1    2 = Vehicle 2    Pedestrian

ie: → 1    → 2    →

**Crash Diagram:**

Washington Street

Hovey Street

UNKNOWN TRUCK

MV1

MV2

NOT TO SCALE

Indicate North by Arrow

If Crash Did Not Occur on a Public Way:

☐ Off-Street Parking Lot

☐ Garage

☐ Mall/Shopping Center

☐ Other Private Way

**Crash Narrative:**

OPERATOR OF MV 1 WAS TRAVELING WEST ON WASHINGTON STREET APPROACHING THE RED LIGHT AT CHURCH STREET WHEN HIS VEHICLE WAS STRUCK BY MV 2 WHO WAS TURNING LEFT OUT OF HOVEY STREET ONTO WASHINGTON STREET (EASTBOUND)

. MV 1 HAD FRONT END DAMAGE BY THE RIGHT FROM TIRE, NO INJURIES WERE REPORTED AND MV WAS TOWED FROM THE SCENE BY TODYS.

OPERATOR OF MV 2 STATED THAT HE WAS ON HOVEY STREET BY WASHINGTON ST, STOPPED AT THE STOP SIGN. A TRUCK WAS IN THE CLOSEST TRAVEL LANE TO HIM AND WAIVED HIM ON TO TURN LEFT. AS MV 2 TURNED LEFT HE COULD NOT SEE MV 1 TRAVELING IN THE OUTER MOST LANE, AND HIS VEHICLE STRUCK MV 1 ON THE PASSENGER FRONT SIDE. MV 2 HAD MODERATE FRONT END DAMAGE AND NO INJURIES REPORTED.

**Witnesses:**

Name (Last, First, Middle)	Address	Phone #	Statement

**Property Damage:**

Owner (Last, First, Middle)	Address	Phone #	34-Type	Description of Damaged Property

**Truck and Bus Information:**

Registration # \_\_\_\_\_ (From Vehicle Section)

Carrier Name \_\_\_\_\_ Carrier Issuing Authority Code

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

US DOT #: \_\_\_\_\_ State Number \_\_\_\_\_ Issuing State \_\_\_\_\_ ICC #: \_\_\_\_\_ Interstate

Cargo Body Type Code  Gross Vehicle Weight

Trailer Reg #: \_\_\_\_\_ Reg Type \_\_\_\_\_ Reg State \_\_\_\_\_ Reg Year \_\_\_\_\_ Trailer Length

**Hazmat Information:**

Placard  Material 1 digit #  Material Name \_\_\_\_\_ Material 4 digit # \_\_\_\_\_ Release code

**MATTHEW W COLELLA**      **NEWTON POLICE DEPTA**      **11/20/2019**

Police Officer Name (Please Print)      Signature      ID/Badge #      Department      Precinct/Barracks      Date

CDP1 11 -24:00